PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

08 /719520

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | | |
|---|--|---|-----------------|---|------------------|-------------------|------------------------|----------------------------|-------------------------|------------------------|
| FOR | | NUMB | BER FILED NUMBE | | EXTRA | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | 375.00 | OR | | 750.00 |
| TOTAL CLAIMS | | | n O minu: | s 20 = * | | x\$11= | | OR | x\$22= | |
| INDEPENDENT CLAIMS | | | | us 3 = * | 3 | x39= | 117 | OR | x78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | : | OR | +250= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | 492 | OR | TOTAL | |
| | | | | | (Column 3) | SMAI | L ENTITY | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * (| Minus | ** 20 | = 0 | x\$11= | | OR | x\$22=/ | |
| | Independent | * / | Minus | *** 3 | = 0 | x39= | | OR | x78= | |
| ۷ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +125= | | OB | +250= | |
| (Column 1) (Column 2) (Column 3) | | | | | | TOTA ADDIT. FE | | OR , | TOTAL ADDIT. FEE | |
| 2 | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | x\$11= | | OR | x\$22= | |
| | Independent | * | Minus | *** | = | x39= | | OR | x78= | |
| ∀ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +125= | | OR | +250= | |
| | (Column 1) (Column 2) (Column 3) | | | | | TOTA ADDIT. FE | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | O O | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | x\$11= | | OR | x\$22= | |
| | Independent | * | Minus | *** | = | x39= | | OR | x78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | OR | +250= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |